

ever attain a size larger than a walnut. If practicable, such tumors should be removed by the intralaryngeal method ; but this is rarely the case considering their hardness. Preliminary tracheotomy or laryngo-tracheotomy must then be performed. During the operation the laryngeal cartilages ought to be preserved, if at all possible. A thorough removal of the growth is the best safe-guard against its recurrence, however. But then, the removal of the cricoid cartilage has necessitated the continued use of the cannula, and rendered articulation very imperfect.—*Beitrage zur klinischen Chirurgie. Mittheilungen aus der Chirurg. Klinik zu Tuebingen.* Bd. iii, Heft 2.

FRED KAMMERER (New York).

V. Occlusion of Left Bronchus by a Foreign Body: Successful Treatment. By Dr. W. D. CHEADLE (London), and Mr. THOMAS SMITH (London). The patient, a girl of 9 years, inhaled a loose metal cap from the end of a pencil. Urgent dyspnœa and choking immediately followed. A probang was passed, and appeared to give relief, and it was inferred that the cap had been pushed on into the stomach. Complained of great pain and cough and four days later impaired resonance and imperfect entry of air were noticed on the left side of chest. Eleven days after the accident marked dulness over whole of left side, absence of respiratory murmurs except over a limited portion of the upper part in front, displacement of stomach upwards to nipple line ; great retraction of left half of thorax, indicating almost complete collapse of lung ; no dyspnœa, but occasional short cough, aggravated by exertion. The conclusion was that the cap, which was about one inch long and a quarter of an inch in diameter, had lodged in the extreme end of the left bronchus. It was decided to attempt removal of the foreign body before the supervention of serious inflammation of the lung. Suitable instruments were planned ready for dealing with the body. The isthmus of the thyroid was divided between two ligatures and the trachea freely opened, and the edges held apart by two silk sutures. A long probe was passed and at once detected the cap in the position assigned to it, with the open end uppermost. The forceps were introduced, and it was extracted

without difficulty. The plan of attaching the tracheal wound to the skin is recommended as serving to keep the tracheal wound widely open—a help to the surgeon and a source of safety to the patient. The patient made an uninterrupted recovery; the lung slowly re-expanded, and a final examination of the chest fourteen days after the operation disclosed as the only abnormal physical sign slight deficiency of respiratory sound and of expansion on the left side. The entrance of the foreign body into the left bronchus instead of the right is shown to be by no means so rare an occurrence as commonly believed. Out of thirty-three cases collected in which the position of the foreign body is stated, it entered the left bronchus in eighteen instances, the right in thirteen.—*Lancet*, Jan. 14, 1888.

H. H. TAYLOR (LONDON).

CHEST AND ABDOMEN.

I. Case of Stab (Knife) Wound of the Abdomen with Lesion of the Stomach.—By Dr. NIKOLAI M. BENISOVITCH (Odessa, Russia). A peasant, æt. 18, when one night leaving a *traktie* (tavern) after having imbibed a large amount of tea, was suddenly stabbed in the abdomen with a large pen-knife by a stranger standing at his side. Shortly afterward he was brought to the Odessa Town Hospital in an extremely depressed and apathetic state, with a weak, quickened pulse, incessant nausea and great pallor. On removing a dirty rag saturated in blood from his belly, a piece of the omentum was found protruding from a bleeding clean cut transverse wound, measuring 2 cm. in length, and situated four fingers' breadth from the left costal margin and about a similar distance from the middle line. Having duly disinfected the parts, Dr. Benisovitch tied the prolapsed portion of the omentum with five catgut ligatures and cut it away above them, the piece removed measuring 8x15 cm. A drainage tube was inserted, and the wounds stitched with catgut, dressed antiseptically and covered with icebags, while internally a full dose of opium was administered. Two hours later an incessant oozing of blood from the lesion commenced, continuing for nine hours. Without any further loss of time, the lad was anaesthetized, the sutures removed and the wound enlarged by a cruci-